

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 11-030452 FILING DATE _____
APPLICANT(S) _____

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2		2		
4		2		2		
5		2		2		
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TOTAL IND.	1					
TOTAL DEP.		2		2		
TOTAL CLAIMS	1	2		2		

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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